



State of Indiana

Personnel / Payroll Action Form

State Form 45123 (R/9-99)

Requisition Number: _____

Personal Data

Employee ID:	Employee Name: (Last, First, Middle Initial)			Effective Date of Action:	
Address Line 1:		Address Line 2:		Address Line 3:	
City:		County:		State:	Zip Code:
Education Level:		Gender: <input type="radio"/> Male <input type="radio"/> Female	Marital Status:		Marital Status Date:
Date of Birth:	Date of Death:	Telephone: ()		Ethnic Group	Social Security Number

Job Data

Effective Date:		Effective date Seq No:		Action Code:		Reason Code:	
Position Number:	Location:	Department:	<input type="radio"/> Regular <input type="radio"/> Intermittent <input type="radio"/> Temporary	Employee Class: <input type="radio"/> Appointed <input type="radio"/> Elected <input type="radio"/> Intermittent <input type="radio"/> Judicial <input type="radio"/> Legislative <input type="radio"/> Non-Merit <input type="radio"/> Sum Intern <input type="radio"/> Temporary		Merit <input type="radio"/> Original/WT <input type="radio"/> Perm Stat <input type="radio"/> PromoWT <input type="radio"/> XOrig WT <input type="radio"/> XPromoWT	Standard Hours: <input type="radio"/> 37.5 <input type="radio"/> Other
Business Unit		Job Code					
Position Title:		Working Leader <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Full Time <input type="radio"/> Part Time				
Company: <input type="radio"/> SO1 <input type="radio"/> BMVC	Employee Type: <input type="radio"/> Exception Hourly <input type="radio"/> Salary <input type="radio"/> Hourly	Tax Location: 999 Holiday Schedule SO1	Salary Plan: Grade: Step:	Compensation Frequency: <input type="radio"/> Biweekly <input type="radio"/> Hourly Compensation Rate \$		Change Amount: \$ _____ per _____ or Change percent: %	
Paygroup							

Benefit Program Participation Data

BAS Group ID:	Benefit Program:	Elig Config 1:	Effective Date of Benefit Program:
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Job Labor

Union Code:	Union Seniority Date:
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Employment Data

Company Seniority Date:	Service Date:	Date Last Worked:	LOA Expected Return Date:	Permanent Status Due Date (Probation Date)
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Emergency Contact Data

Primary Emergency Contact: (Last, First, Middle Initial)		Relationship:	Contact Home: () Telephone: Business: ()		
Address Line 1:		Address Line 2:		Address Line 3:	
City:		County:		State:	Zip Code:
Secondary Emergency Contact (Last, First, Middle Initial)		Relationship:	Contact Home: () Telephone: Business: ()		
Address Line 1:		Address Line 2:		Address Line 3:	
City:		County:		State:	Zip Code:

Employee's Signature:	_____	Date:	_____
Signature of Appointing Authority:	_____	Date:	_____
Signature of SPD Director:	_____	Date:	_____

Comments:

